2021 Employee Benefits Information

Los Angeles Unified School District

Benefits Administration

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A Closer Look At Your Medical Plan Options

Medical Plan Options	Health Net HMO	Kaiser Permanente HMO	Anthem Blue Cross Select HMO[1]	Anthem Blue Cross EPO[1]
Provider Choice	Health Net HMO providers only; each family member may select his or her own doctor.	Kaiser HMO providers only; each family member may select his or her own doctor.	Anthem Blue Cross Select HMO providers only; each family member may select his or her own doctor.	Any Prudent Buyer PPO provider in California; any National (BlueCard) PPO provider outside of California.
Annual Deductible	None	None	None	0.5% of gross fiscal earnings per active member, rounded downward to the nearest $50 increment ($100 minimum per member - $800 maximum per member). Family: 3x member deductible
Out-of-Pocket Limit	$1,500 per member $3,000 per family	$1,500 per member $3,000 per family	$1,500 per member $3,000 for 2 members $4,500 per family	$7,500 per member
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Physician and Routine Services				
Physician Office Visits	$20 copay/visit for primary care physician; $30 copay/visit for specialist TeleHealth online visit: no copay	$20 copay/visit	Physician office/LiveHealth online visit: $10 copay/visit	Physician office/LiveHealth online visit: Member pays 20% after deductible*
Well Baby Care	No copay to age 2; $20 copay/visit thereafter	No charge to 23 months	No copay	No copay
Adult Physical Exam	$20 copay/visit	$20 copay/visit	No copay	No copay
Well Woman Exam	$20 copay/visit	$20 copay/visit	No copay	No copay
Prescription Drugs				**Prescription for all Anthem Blue Cross plans is provided through CVS Caremark**
Retail Prescription Drugs	$5 copay/fill for generic up to 30-day supply; $25 copay/fill for brand up to 30-day supply; $45 copay/fill for non-formulary medications up to 30-day supply/formulary applies.	$10 copay/fill for generic medications up to 30-day supply. $25 copay/fill for brand name medications up to 30-day supply.	Fill up to 34-day supply: $5 generic; $25 preferred brand; $45 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/ pharmacy store at mail order copay.	Fill up to 34-day supply: $10 generic; $30 preferred brand; $50 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/pharmacy store at mail order copay.
Home Delivery (Mail Order) Prescription	$10 copay/fill for generic; $50 copay/fill for brand/formulary applies; $90 copay/fill for non-formulary medications; mandatory 90-day supply of maintenance medications either through CVS Caremark Mail Service Pharmacy or at a local CVS/pharmacy store after the third fill at a retail pharmacy.	$10 copay/fill for generic medications up to 30-day supply or $20 for a 31 to 100 day supply; $25 copay/fill for brand name medications up to 30-day supply or $50 for a 31 to 100 day supply.	Fill up to 90-day supply: $10 generic; $50 preferred brand; $90 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/ pharmacy store at mail order copay.	Fill up to 90-day supply: $20 generic; $60 preferred brand; $100 non-preferred brand. For maintenance drugs, after 2nd fill at any in-network retail pharmacy, there is a mandatory 90-day supply by mail order or at local CVS/pharmacy store at mail order copay.
Hospital or Outpatient Facility				
Inpatient Care, Room and Board, Surgery and Other Hospital Charges	10% coinsurance plus $100 copay per admission	$100 per admission	No copay	Member pays 20% after deductible (subject to utilization review)*
Outpatient Surgery	$250 copay per outpatient surgery visit	$100 per procedure	$10 copay/visit	Member pays 20% after deductible.*
Emergency Room Treatment	$100 copay/visit (waived if admitted)	$100 copay/visit (waived if admitted)	$50 copay/visit (waived if admitted)	$100 deductible per visit (waived if admitted), then member pays 20%.
Mental Health Care and Substance Abuse Treatment (for AB88[2] and Non-AB88 diagnosis)				
Outpatient Mental Health Care	$20 copay/visit as medically necessary with no annual limit. No copay for Behavioral Analysis and Intensive Outpatient Treatment.	$20 per individual visit; $10 per group visit (no annual limit)	$10 copay per visit	Member pays 20% after deductible
Inpatient Mental Health Care	10% coinsurance plus $100 copay per admission with no annual limit. No copay for Partial Hospitalization and Day Treatment.	$100 per admission	No copay (no day limit)	Member pays 20% after deductible (no day limit)*
Substance Abuse Treatment	Inpatient treatment: 10% coinsurance plus $100 copay per admission with no annual limit. Outpatient treatment: $20 copay per individual visit; $10 per group visit (unlimited visits/days each calendar year).	Inpatient Detoxification: $100 per admission Residential Rehabilitation: $100 per admission (no limit) Outpatient treatment: $20 copay per individual visit; $5 per group visit (unlimited visits/days each calendar year).	Inpatient: No copay (no day limit) Outpatient: $10 copay per visit	Inpatient: Member pays 20% after deductible (no day limit)* Outpatient: Member pays 20% after deductible
Other Medical Care				
Chiropractic Care	$10 copay/visit; up to 20 visits/year through American Specialty Health Plan (ASHP) network. No referral needed.	Not covered	$10 copay per visit (covered under Rehabilitative Care benefit limited to 60 combined visits per injury or illness; additional visits available when approved by the medical group or Anthem Blue Cross)	Member pays 20% after deductible (covered under Rehabilitative Care benefit limited to 24 visits per calendar year; additional visits may be authorized)*
Durable Medical Equipment	No copay	Member pays 10%	Member pays 20%	Member pays 20% after deductible
Hearing Aids[3]	No copay of covered hearing aid expenses; replacement once every 3 years (one pair).	Not covered	Member pays 20% (limited to one pair every 3 years; batteries and repairs not covered).	Member pays 20% after deductible; one hearing aid per ear every three years. (batteries and repairs not covered)

Note: This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply.
If there is any discrepancy between this chart and the plan documents, the plan documents will govern. Copies of the plan documents are on file with Benefits Administration.

[1] Anthem Blue Cross pays the applicable percentage of the Anthem Blue Cross allowed amount for the in-network services. Anthem Blue Cross Select HMO and EPO network providers accept this amount as payment in full, less any deductible and copayment. Non-participating providers may bill you for any amounts that exceed the "allowable" amount, plus any deductible and copayment amounts.

Under the EPO plan, members must receive health care services from Anthem Blue Cross PPO network providers, unless they receive authorized referrals or need emergency and/or out-of-area urgent care. Emergency services received from a non-PPO hospital and without an authorized referral are covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member cannot be moved safely.

[2] Under California law AB88, LAUSD medical plans cover certain mental health diagnoses the same as other medical conditions. These include schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa.

[3] Consult your plan regarding the procedures for obtaining hearing aids and for information regarding limitations and exclusions.

*In certain states outside of California, members may be required to pay a 50% copay with some limited benefits. Please contact plan for more information.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) are voluntary plans that enable you to save money by paying for certain health care and dependent care expenses using pre-tax pay. The District offers two special tax-savings accounts to eligible employees:

- Health Care FSA (min $120 / max $2,700)
- Dependent Care FSA (min $120 / max $5,000)

How the Accounts Work

When you enroll, you decide how much of your pay to set aside in the Health Care FSA and/or Dependent Care FSA. The money you elect to set aside is deducted throughout the year from your pay before federal income, state income, and social security taxes are calculated.

When you have an eligible expense, you pay for the expense and file for reimbursement from your FSA. You are reimbursed with your own money from the appropriate account and the money remains untaxed. In other words, you never pay taxes on the money that flows through your FSA.

Eligible expenses for the Health Care FSA include deductibles or co-pays; prescription drug co-pays; and co-pays for orthodontia, prescription eyewear, and contact lenses. For a guide to eligible and ineligible health care expenses, visit irs.gov to retrieve the most current edition of the Internal Revenue Service (IRS) Publication 502.

Eligible expenses for the Dependent Care FSA include child or adult daycare services provided in your home, someone else's home (see IRS Publication 503 for exclusions), and expenses for a licensed daycare center including annual registration fees. To qualify daycare as an eligible expense, IRS requires that your qualified dependent must either be under 13 or physically or mentally disabled (regardless of age) and unable to be self reliant while you are working.

If you are paying for adult daycare outside your home, your dependent must live with you at least eight hours a day. Daycare providers must claim the income on their tax return and you must include their Social Security number on your reimbursement request. For the most current guide of eligible and ineligible dependent care expenses, visit irs.gov and retrieve IRS Publication 503.

Enrollment in the Health Care FSA and/or Dependent Care FSA is not automatic! You must enroll every year during Open Enrollment in order to participate.

457(b) and 403(b) Retirement Savings Plans

The District offers voluntary retirement savings plans to help supplement your retirement income. The District sponsors both traditional 457(b) and Roth 457(b) plans and also offers a 403(b) plan. Both traditional 457(b) and 403(b) plans allow for the investment of pre-tax earnings which may decrease your taxable income. Roth 457(b) contributions are made with post-tax earnings with the benefit that you may be able to withdraw from your account tax-free when you retire. Contributions to any of the three plans are made through automatic payroll deductions. You are immediately eligible to contribute to the 457(b), Roth 457(b), and/or the 403(b) plans. To enroll or obtain more information, please visit benefits.lausd.net, click on "Active Employees", then "Deferred Compensation Plans".

Medical Opt-out / Cash-Back Plan

If you are an active employee and do not want to be covered by any of the District medical plan options, you can opt-out of medical coverage and receive $3,000 cash back per calendar year. This amount will be considered taxable income and will be paid in installments in your regular payroll check. You may still elect dental and vision coverage. If you enroll in the Medical Opt-out/Cash-Back Plan, you must attest annually that you and your eligible dependents have "minimum essential coverage" through a group health plan and that it is not part of the individual market coverage such as Covered California. The Medical Opt-Out Cash Back Attestation form may be found at achieve.lausd.net/benefits/forms.

COBRA / Continuation of Coverage Options

Under the Consolidated Omnibus Reconciliation Act (COBRA) of 1985, employees and covered dependents may be eligible to temporarily continue health benefits coverage at their own expense after the District-sponsored coverage ends. Plan rates shown on your paycheck are not COBRA rates. COBRA rates are published on the District's Benefits Administration website. You may also be eligible to obtain affordable and quality health care coverage through the Health Care Exchange. Visit coveredca.com for more information and coverage options.

A Closer Look At Your Dental Plan Options

Dental Plan Option	Western Dental DHMO Plan Plus	Western Dental DHMO Centers Only	DeltaCare® USA DHMO	United Concordia Dental (PPO)[1]	
				In-Network	Out-of-Network
Annual Deductible	None	None	None	$100 for the following Covered Services Combined: Basic Restorative; Major Restorative.	
Maximum Annual Benefit	None	None	None	$2,000 for the following Covered Services: Preventive and Diagnostic; Basic Restorative; Major Restorative (excludes most in-network preventive services).	
Provider Choice	Participants have the option to elect a contracted private practice dentist or to elect a Western Dental Center which allows flexibility to visit any center (Open Access) without the worry of being assigned to a specific office. Family members may each select their own primary care dentist.	Participants have the flexibility of visiting any Western Dental Center (Open Access) without the worry of being appointed to a specific office. Family members may each select their own primary care dentist.	Participants must use their assigned DeltaCare® USA DHMO primary care dentist. Family members have the ability to select separate network dentists.	Participants must use a United Concordia Dental (PPO) dentist; family members may each select their own network dentist. Network name: LAUSD PPO Network.	Participants and family members may use any licensed dental provider.
Specialist Referral	Pre-Authorization Required	Pre-Authorization Required	Direct referral from Primary Care Dentist	No Pre-Authorization Required	
Preventative Services	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Includes Teeth Cleaning, Panoramic or Full Mouth X-rays and Fluoride Treatment	No Cost (for cleaning - up to 3 per year)	No Cost (for cleaning - up to 3 per year)	No Cost (for cleaning - up to 3 per year)	No Cost. Subject to procedure limitations; teeth cleaning up to 2 per year in and out of network combined.	20% based on the reasonable and customary charge. Subject to procedure limitations; teeth cleaning up to 2 per year in and out of network combined.
Therapeutic Services	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Extractions, Simple (Single tooth)	No Cost	No Cost	No Cost	20% of the maximum allowed charge. Composite fillings for molars will be covered at the amalgam level.	40% based on the reasonable and customary charge. Composite fillings for molars will be covered at the amalgam level.
Extractions for Orthodontic Reasons	Not Covered	Not Covered	Not Covered		
Fillings (Amalgam)	No Cost	No Cost	No Cost		
Fillings (Composite for Molars)	Up to $140	Up to $140	From $85 to $140		
Root Canal - Molar	$40	$40	$40		
Periodontics (Scaling *and Root Planning; per* Quadrant)	No Cost	No Cost	No Cost		
Osseous Surgery - 4 or More Contiguous Teeth per Quadrant	No Cost (once every 36 months)	No Cost (once every 36 months)	No Cost (once every 36 months)		
Major Services	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Crown	$20-$165 (Cost varies based on metal chosen. No cost for Clinical Crown Lengthening.)			50% of the maximum allowed charge.	50% based on the reasonable and customary charge.
Full Denture, Upper or Lower	$50	$50	$50		
Partial Denture, Upper or Lower	$50-$63	$50-$63	$50-$63		
Bridge (3 unit)	$40-$165 per unit (includes high noble and noble metal charge). Limitations may apply.	$40-$165 per unit (includes high noble and noble metal charge). Limitations may apply.	Up to 6 units with an additional $125 per unit after the 6th unit (includes high noble and noble metal charge). Limitations may apply.		
Dental Implants	Cost varies based on dental implant treatment (available only at Western Dental Implant Centers)		Not Covered	Not Covered	Not Covered
Orthodontia	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
24 Month Treatment Plan - Children (to age 19)/ **Adults**	$1,000 copay - comprehensive treatment only for both children and adults	$1,000 copay - comprehensive treatment only for both children and adults	$1,000 copay (children)/ $1,250 copay (adults) - comprehensive treatment only	50% up to the $750 individual lifetime maximum, then you pay 100% for both children and adults	
Additional Benefits	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Deep Sedation/ General Anesthesia	$80 first 15 minutes; $68 each subsequent 15 minutes	$80 first 15 minutes; $68 each subsequent 15 minutes	$68 each 15 minutes	20% of the maximum allowed charge.	40% based on the reasonable and customary charge.
External Bleaching, per Arch	$125	$125	$125	Not Covered	Not Covered
Occlusal Guards	$85	$85	$85	50% of the maximum allowed charge.	50% based on the reasonable and customary charge.

[1]In certain states outside of California, state regulations mandate that the benefits levels be the same in and out of network. Please contact United Concordia Dental for more information.

A Closer Look At Your Vision Plan Options

Vision Plan Options	EyeMed Vision Care		VSP® Vision Care	
	EyeMed Provider	Non-EyeMed Provider	Choice Network Provider [1, 2, 4]	Non-VSP Provider [3, 4]
Office Locations	More than 102,600 providers nationwide, including Pearle Vision, LensCrafters, Target Optical as well as online providers such as ContactsDirect.com, Glasses.com, TargetOptical, and RayBan.com	Freedom to receive services at the provider of your choice.	Choose from 98,000 provider access points including Independent Doctors, Costco Optical, Walmart, Visionworks, Linden Optometry A P.C., and VSP's online eyewear store, Eyeconic®	Freedom to see any provider including the out-of-network provider of your choice.
Annual Deductible	None	None	$25	$25
Examination (1 every 12 months)	Plan pays 100%	Plan pays up to $20	Plan pays 100%	Plan pays up to $55
Lenses (1 pair every 12 months)				
Single Vision	Plan pays 100%	Plan pays up to $20	Plan pays 100%	Plan pays up to $40
Lined Bifocal	Plan pays 100%	Plan pays up to $30	Plan pays 100%	Plan pays up to $60
Lined Trifocal	Plan pays 100%	Plan pays up to $40	Plan pays 100%	Plan pays up to $80
Lenticular	Plan pays 100%	Plan pays up to $50	Plan pays 100%	Plan pays up to $125
Standard Progressive	$65 copay	Plan pays up to $30	No copay	Plan pays up to $80
Frames (1 every 24 months)	Plan pays up to $100; plus 20% off the balance over $100.	Plan pays up to $40	Plan pays up to $100, plus 20% off the balance over $100. $150 allowance on featured frame brands or $70 allowance at Costco/Walmart.	Plan pays up to $45
Contact Lenses **EyeMed** - In lieu of lenses. **VSP** - In lieu of glasses. *Available* every 12 months.	Plan pays 100% for medically necessary contact lenses. Plan pays up to $105 for elective lenses; standard contact lens fitting covered in full.	Plan pays up to $50 for elective contacts and up to $40 for contact lens fitting/follow-up	Plan pays 100% for medically necessary contact lenses after deductible or plan pays up to $105 for elective contact lenses, plus you'll receive 15% off your contact lens exam.	Plan pays up to $210 for medically necessary contact lenses after deductible or up to $105 for elective contact lenses.
Optional Features: (Tinted lenses, scratch resistant, ultra-violet coatings, retinal imaging, polycarbonate, photochromatic lenses and standard progressive lenses.)	Plan pays 100% for tint and scratch-resistant coating; you pay $15 to $65 for additional features.	Tinted lenses: plan pays up to $5. Standard scratch resistant Plan pays up to $5	Plan pays 100% for Standard Progressive Lenses. VSP also saves you 20-25% on non-covered lens enhancements with copays averaging $15-$70 for standard options.	Not covered
Laser Vision Correction	Discounts on PRK or LASIK. Please call (877) 5LASER6.	Not covered	Discounts on PRK, LASIK and Custom LASIK surgery at contracted VSP centers; contact VSP directly for information.	Not covered

Note: This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. If there is any discrepancy between this chart and the plan documents, the plan documents shall govern. Copies of the plan documents are on file with Benefits Administration.

[1] Based on applicable state laws, benefits may vary by location.

[2] Coverage with a participating retail chain may be different. Visit vsp.com for details.

[3] Copayment of $25 will be deducted from any reimbursement amount when services are received from a non-VSP provider.

[4] Contact lenses are in lieu of standard lenses and frames. If you select contact lenses, you are not eligible for standard lenses and frames for 12 and 24 months respectively, from your last date of service.

Life Insurance

Basic Life Insurance

As an eligible District employee, you automatically receive Basic Life Insurance coverage up to $20,000. MetLife underwrites this life insurance coverage. The District pays the full cost of your Basic Life Insurance which provides a lump sum payment to your designated beneficiary if you die while employed with the District. The District will pay the premiums for your Basic Life Insurance coverage for up to 12 months if you are on an approved unpaid illness or industrial injury leave. It is your responsibility to keep your beneficiary designation up to date.

Supplemental Life Insurance

You may use the supplemental life insurance plan (paid for through your payroll deduction) to obtain:

- up to 5x your salary ($500,000 max) in additional coverage for yourself;
- life insurance for your eligible dependents (spouse/domestic partner and children);
- accident death and dismemberment protection for you and/or your eligible dependents.

Filing a Claim

If you or an eligible dependent dies while covered under the life insurance plan(s), the designated beneficiary should contact the insurance company, who will assist with filing a claim for benefits under the plan.

For additional information about the District's Life Insurance program, call MetLife Employee Benefits at (866) 492-6983.

Reasonable Accommodations

The District is committed to providing equal employment opportunities for individuals with disabilities and does not discriminate on the basis of a disability in the admission, access, treatment or employment in its programs or activities. The District has implemented the Stay at Work/Return to Work Program to assist injured and/or ill employees with gainful, productive and rewarding employment. Participation in the program is mandatory for both the District and its employees.

Also, the District maintains a Reasonable Accommodation Committee if an employee believes that a reasonable accommodation for a disability has not been provided at the work site or that the interactive process to determine whether a reasonable accommodation is available has been insufficient. For additional information about the Reasonable Accommodation Committee, reasonable accommodations, the interactive process or the Stay at Work/Return to Work Program, please contact Integrated Disability Management at disabilitymanagement@lausd.net.

Important Contact Information

Plan Name	Address	Web Address	Phone
Anthem Blue Cross	P.O. Box 60007 Los Angeles, CA 90060-0007	anthem.com/ca	(800) 700-3739
CVS Caremark (prescription drug provider for Anthem Blue Cross Plans only)	CVS Caremark Customer Care P.O. Box 6590 Lees Summit, MO 64064-6590	caremark.com	(888) 752-7229
Health Net HMO	P.O. Box 10348 Van Nuys, CA 91410-0348	healthnet.com/lausd	(800) 654-9821
Health Net Seniority Plus	P.O. Box 10344 Van Nuys, CA 91410-0344	healthnet.com/lausd	Enrollment Info (800) 596-6565 After Enrollment (844) 542-0102
Kaiser Permanente HMO and Kaiser Senior Advantage	Kaiser Foundation Health Plans, Inc. 1950 Franklin St. Oakland, CA 94612	kp.org	(800) 464-4000 Senior Advantage (877) 425-0717
DeltaCare® USA DHMO	P.O. Box 1810 Alpharetta, GA 30023	deltadentalins.com/lausd	(844) 697-0580
United Concordia Dental PPO	P.O. Box 69425 Harrisburg, PA 17106-9425	unitedconcordia.com	(844) 397-4176
Western Dental DHMO Centers Only and Western Dental Plan Plus	Western Dental Services Attn: Customer Service 530 South Main Street Orange, CA 92868	westerndentalbenefits.com	(866) 901-4416
EyeMed Vision Care	4000 Luxottica Place Mason, OH 45040	eyemed.com	Inquiries (866) 723-0514 LASIK - (877) 5LASER6
VSP® Vision Care	P.O. Box 997100 Sacramento, CA 95899-7100	vsp.com	(800) 877-7195
ConnectYourCare FSA Plans	Health care Claims: P.O. Box 622317 Orlando, FL 32862 Dependent Care Claims: P.O. Box 622337 Orlando, FL 32862	connectyourcare.com	(877) 292-4040 (443) 681-4602 (Health fax) (443) 681-4601 (Dependent fax)
457(b) Savings Plan - Voya Financial	Attn: LAUSD 457(b) Deferred Compensation Plan P.O. Box 389 Hartford, CT 06141	457b.lausd.net	(844) 525-2873 (844) 265-5838 (fax)
403(b) Savings Plan - TSA Consulting Group	Attn: Participant Services P.O. Box 4037, Fort Walton Beach, FL 32549-4037	403b.lausd.net	(888) 796-3786 (866) 741-0645 (fax)
MetLife Life Insurance	MetLife Recordkeeping Center P.O. Box 14401 Lexington, KY 40512-4401	metlife.com/mybenefits	(866) 492-6983
OTHER RESOURCES			
WageWorks, LAUSD COBRA/AB528 Administrator	Forms: P.O. Box 226101 Dallas, TX 75222 Payments: P.O. Box 660212 Dallas, TX 75266	mybenefits.wageworks.com	(888) 678-4881
Social Security Administration		ssa.gov	(800) 772-1213
Medicare		medicare.gov	(800) 633-4227
Public Employees Retirement System (PERS)		calpers.ca.gov	(888) 225-7377
State Teachers Retirement System (STRS)		calstrs.com	(800) 228-5453
LAUSD Benefits Administration	P.O. Box 513307 Los Angeles, CA 90051	web: benefits.lausd.net email: benefits@lausd.net	(213) 241-4262 (213) 241-4247 (fax)